U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, c1 civI penalties as provided by 29 U.S.C 439 or 440.

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_	CLMS

Name David

1. File Number U - 10422

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

D Johnson

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Iron Workers Local #86

Labor Organization File Number 015-685

P.O. Box, Building and Room Number, if any

Street 4550 S 134th Pl	#102	Street 4550 S 134t 1 Pl #102					
City Tukwila		City tukwila					
State Washington	ZIP Code + 4 98168	State Washington	ZIP Code + 4 98168				
5. Position in labor organization.	Financial Secretary/Busine	ss Mgr					
Enter appropriate data below i	f, during the past fiscal year, you or your (except as specified in the e	spouse or minor child directly or indirect xclusions set forth in the instructions):	tly had any of the following interests				
	in transactions (including loans) with, yer whose employees your organic						
6. Name and address of Employer	(including trade name, if any).	7.a. Nature of Interest, Transaction	n, or Income.				
Name							
Trade Name, if any:							
P O Box, Bldg , Room No., if any	,						
Street		7.b. Amount.					
Gircot							
City							
State	ZIP Code + 4						

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, conect, and complete. (See the section on penalties in the instructions.)

Name of Person Filing David Johnson	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a						

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name David D. Johnson a. Labor Organization Trade Name, if any: Iron Workers Local #86 X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 4550 S 134th Pl #102 tukwila State Washington ZIP Code + 4 98168 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Northwest Ironworkers Trusts Trade Name, if any: P.O. Box, Bldg , Room No., if any PO Box 34203 Street 2815 Second Ave 11.b. Approximate dollar value of such dealing. City Seattle 12.a. Nature of interest held or income received. I hold office of "Trustee" for Northwest Ironworkers State Washington ZIP Code + 4 98168 Trust Fund, these are expenses incurred while on Trust business.

<ol> <li>Name and address of Employer or (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.	

12.b. Amount.

\$879

**Northwest Ironworkers Trusts** 

Administered by Welfare and Pension Administration Service, Inc.

RETIREMENT • HEALTH and SECURITY • VACATION • ANNUITY • APPRENTICESHIP
2815 SECOND AVENUE • SUITE 300 • P.O. BOX 34203 • SEATTLE. WASHINGTON 98124
TELEPHONE (206) 441-7574 • TOLL-FREE 1-800-331-6158 • FAX (206) 441-9110

August 4, 2005

Dave Johnson % Ironworkers Local No. 86 4550 S 134th Pl Ste 102 Tukwila, WA 98168

RE: Northwest Ironworkers Trust Funds 2004 Expenses

Mila D. Parmele

In connection with the LM-30 filing requirement imposed by the Department of Labor, enclosed is a listing of your portion of Trust meeting expenses paid in February, June and October 2004. We have listed all expenses including items \$25.00 or less. Previously, you were provided with the reimbursements you received in 2004.

We are making this information available to you because it appears you may be subject to the LM-30 filing requirements.

If you have any questions regarding the LM-30 filing, you may want to contact your Union Attorney. If you have any questions regarding the listed expenses, please contact me.

Michael D. Parmelee Account Executive

NK:adg operur8 SASHARED SECILM 30VF15VF15 Cover Letter for 2004 Expenses.doo

**Enclosures** 

cc: Donna Whitford

## Northwest Ironworkers Trust Meetings February 2004

 Dave Johnson			
Room Charge	\$326.26		
H&W - food/beverage	\$56.32		
Retirement - food/beverage	\$44.25		-
 Annuity - food/beverage	\$37.54		
 Vacation - food/beverage	\$18.77		
 Training - food/beverage	\$21.74	Observer	
 Parking			

504.88

## Northwest Ironworkers Trust Meetings June 2004

Dave Johnson	•	first day of meeting - 6/14/04
 Room Charge	\$88.48	
H&W - food/beverage	\$43.54	
Retirement - food/beverage	\$25.40	
Annuity - food/beverage	\$29.02	
 Vacation - food/beverage	\$14.52	2
Training - food/beverage		
 Parking		

20096

**Northwest Ironworkers Trusts** 

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July 8, 2005

David Johnson % Ironworkers Local No. 86 4550 S 134th Pl Ste 102 Tukwila, WA 98168

RE: Northwest Ironworkers Trust Funds Expense Reimbursement – 2004

The enclosed information was prepared to show reimbursement you received from the Trust Funds for expenses incurred, which relate to Trust Fund business during the calendar year 2004.

This information is provided in order to assist you in completion of Form LM-30.

If you have any questions or require additional information, please feel free to contact Mike Parmelee at extension 3930, or myself at extension 3900.

Donna Whitford
Account Executive

Account Excount

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Enclosure

cc: Michael Parmelee

## David Johnson

	Mileage	Airfare	Hotel	Meals	Parking	Taxi	Car Rental	Tips	Total
June		168.50		4.97					- 173.47
dano		100.00		1.01					-
									<del>-</del> 
Total									173.47